SYSTEM TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT OF SUBSTANCE USE DISORDERS

Los Angeles County Department of Public Health, Substance Abuse Prevention and Control

Minutes

SYSTEM OF CARE STAKEHOLDER WORKGROUP		
Topic	Patient Flow	
Date	March 3, 2016	
Time	1:00 PM - 3:30 PM	
Venue	Conference Room 8050, Building A-8 1000 South Fremont Avenue, Alhambra, CA 91803	
PARTICIPANTS		
Stakeholders	Asian American Drug Abuse Program Behavioral Health Services Behavioral Health Services California Hispanic Commission on Alcohol and Drug Abuse Children's Hospital of Los Angeles CLARE Foundation Cri Help Cri Help Cri Help Didi Hirsch Mental Health Services Didi Hirsch Mental Health Services Grandview Foundation Helpline Youth Counseling Homeless Health Care Los Angeles Impact Drug & Alcohol Treatment Center Impact Drug & Alcohol Treatment Center Los Angeles Centers for Alcohol and Drug Abuse Medi-Cure Health Services Pacific Clinics People Coordinated Services Prototypes Prototypes Safe Refuge Special Services for Groups Stanley Salazar Consulting Tarzana Treatment Centers	Hiroko Makiyama Celia Aragon Denise Shook Germeen Duplessis Irene Lim Jared Friedman Laurie Burkhart Brandon Fernandez Marlene Nadel Charles Bullitts Paula Elmore Lindy Carll Jihan Mockridge Erika Aguirre-Miyamoto Mark Paquet Christina Gonzalez Ingrid Soto Josephine Martins David Martel Charlene Scott Garett Stanley April Wilson Kathy Romo Heidi De Leon Liz Stanley-Salazar Stan Galperson
SAPC Staff	Naira Arquell, John Connolly, Loretta Denering, Timothy Dueñas, Michelle Gibson, Kristine Glaze, Saloniki James, Tina Kim, Yanira Lima, Rodrigo Manlagnit, Holly McCravey, Gregg Murakami, Elizabeth Norris-Walczak, Ashley Phillips, Glenda Pinney, Steven Reyes, Yeira Rodriguez, Wayne Sugita, Duy Tran, Way Wen	

MEETING PROCEEDINGS	
Agenda Items	**Discussion**
I. Welcome and Introductions	Holly McCravey, Substance Abuse Prevention and Control (SAPC) Adult System of Care Director, opened the meeting by welcoming all participants, asking everyone to introduce themselves and their respective agencies, and presenting the meeting's agenda.
II. Stakeholder Process Overview	John Connolly, SAPC Deputy Director, announced that the County's implementation plan was submitted to the California Department of Health Care Services (DHCS) and the federal Centers for Medicare and Medicaid Services (CMS) on February 11, 2016. SAPC anticipates obtaining approval around August 2016 and that the ongoing stakeholder meetings will help develop the contractor manual to be used to define expectations and requirements under the new system of care. Michelle Gibson, SAPC Strategic Planning Director, acknowledged those who attended the kick-off and regional stakeholder workgroup meetings in 2015, and explained how the feedback helped shape the County's implementation plan. She further explained that subsequent stakeholder workgroup meetings will help define the County's standards of practice, and develop the contractor manual. Apart from System of Care, other workgroups include Integration of Care, Quality Improvement and Utilization Management, System Operations, and System Innovations and Network Capacity Building. Patient Flow is one of 11 topics discussed under System of Care.
III. Member Expectations and Ground Rules	Holly McCravey laid out the workgroup rules that include each member reviewing meeting documents in advance, contributing to discussion, and focusing on system design and patient care.
IV. Document Review and Discussion	**Workgroup participants reviewed the Patient Flow narrative and flow chart and narrative and had the following recommendations, comments and questions:** ▪ **<u>Recommendations</u>** - Web-based screener and engagement tools for youth and adults given the population's high use of the internet and social media. - Engage youth through Motivational Interviewing or Screening, Brief Intervention, and Referral to Treatment (SBIRT) evidence-based practices to encourage readiness for treatment. - Establish a way of measuring the best time frame to provide callers with their admission/assessment appointment aside from up to three days. - There should be information-sharing between providers. Beneficiary Access Line (BAL) staff should be able to share the brief triage assessment (BTA) information with the patient's provider in order to avoid repetition of questions for the full American Society of Addiction Medicine (ASAM) assessment. - Provide generous amount of time to keep cases open for recovery support services (RSS). ▪ **<u>Comments</u>** - BTA seems duplicative. Questions between BTA and full ASAM assessment are redundant. We are burdening patients with having to go through the same questions twice.

- There can be access issues surrounding the BAL's hours and days of operation. There should be 7 days a week access to BAL services.
- Suggest determining if there is a way for the caller to consent to share information from the BTA or online questionnaire (e.g., check box, press #) with the direct service provider.

▪ **<u>Questions</u>**

- **What if a parent calls on behalf of the youth, will the BAL call the youth afterwards? How would BAL staff be able to assess the youth if the parent is the one who called?**
  - *If a parent calls, the BAL will use the parent screener form. BAL does not necessarily need to speak to the youth at that time. The youth will instead be referred to an outpatient facility where he or she will be assessed and engaged to pursue treatment. Youth may still refuse, and signed consent will still be needed.*
- **What happens if the school instead calls BAL on behalf of the youth? Will the rule be the same?**
  - *Yes, see response above.*
- **What is the feedback loop to the referral agency?**
  - *SAPC will consider how to appropriately respond to referral sources from the BAL perspective. The treatment provider will need to follow all confidentiality requirements when responding to inquiries.*
- **If the youth does not want parent involvement, who will BAL staff contact?**
  - *The screener will ask the youth about preferred contact methods. BAL staff will accordingly obtain verbal consent to use it for appointment reminder and follow-up.*
- **What if the patient needs ASAM level of care 3.7 for withdrawal management, which we do not reimburse for?**
  - *Referral protocols will be established for levels of care not funded under Drug Medi-Cal.*
- **Is Addiction Severity Index (ASI) no longer a valid tool?**
  - *Providers will be required to use the ASAM Criteria to make level of care (LOC) placement determinations. While the ASAM assessment software tool is not required, it does incorporate elements of the ASI. SAPC has developed both the triage assessment and the full assessment tools based on the ASAM criteria and is in the process of making them available electronically.*
- **Will information from BAL be shared to providers?**
  - *SAPC is exploring how to share information obtained at the BAL, including the BTA, with the treating provider.*

- **If a patient missed an appointment, should he or she call back BAL to schedule another appointment?**
  - *At that point, the patient could reschedule an appointment directly with the treating provider. However, if the patient's condition has changed or if the lapse of time warrants, the patient should call BAL for assistance.*
- **How will we be able to meet the deadline for patient placement when there is a bed waitlist?**
  - *SAPC expects to contract with new substance use providers (e.g., those currently with DMH contracts) and for current contractors to expand services to respond to growing demand. Therefore, there should be limited need for waitlists in the near future.*
- **How could we bill for services under case management such as building motivation for treatment, especially for youth?**
  - *Case-management is only a reimbursable services once medical necessity has been established. Early Intervention is not a billable LOC.*
- **If the assessing provider does not have the needed LOC, will the patient go through another round of assessment with another provider that has it? What about information-sharing?**
  - *Both the BAL and treatment provider should conduct the BTA to determine the appropriate level of care if they are the patient's first contact. Once the patient is at the agency that provides the recommended LOC, the patient should receive a more intensive biopsychosocial clinical assessment using a standardized tool based on the ASAM Criteria to establish and/or confirm the appropriate LOC placement, and initiate services as indicated.*
- **Why does residential authorization take 24 hours to process?**
  - *Twenty-four hours is the maximum time allowed for processing the authorization requests set by the Waiver. SAPC will make every effort to render decisions on these requests sooner than 24 hours.*
- **Will there be workgroups on Medication-Assisted Treatment (MAT) and Withdrawal Management (WM)? We will need screeners and forms for those as well.**
  - *Yes, there will be future meetings on those topics.*
- **What if the patient does not want to go through residential treatment?**
  - *Beneficiaries/callers will be offered services at the LOC the BTA recommended. If the individual declines the LOC, the provider should attempt to refer patient to the next most appropriate LOC. Providers will need to document this in the chart.*
- **The primary care sector is being trained to handle substance use disorder (SUD) cases. How would BAL staff work with primary care and mental health providers, and exchange information accordingly?**
  - *SAPC is reaching out to those sectors now. Care integration is another workgroup topic.*

	- **How will we serve patients without insurance when the Waiver begins?**
	  - *Individuals who are Medi-Cal eligible but are not currently actively enrolled, will need to be assisted in obtaining coverage. The same benefits will be available to My Health LA participants (e.g., undocumented individuals). A sliding scale will be considered for individuals who are un/under insured, and not otherwise eligible for Medi-Cal or My Health LA.*
	- **Are there any criteria as to which provider the patients could be referred?**
	  - *Individuals will need to be offered referrals that consider appropriate LOC, distance, cultural and linguistic preferences/needs, slot availability (e.g., no waitlist) but it will ultimately be up to the patient to choose an appropriate provider.*
	- **What if there are patients who do not meet medical necessity criteria but would like to get treatment services?**
	  - *Receipt of DMC funded services would need to meet the medical necessity criteria and other requirements set forth in the Waiver. Information on the community resources such as prevention/early intervention can be provided.*
	- **What is the role of the Medical Director if not needed for treatment plan and determining medical necessity?**
	  - *The Waiver requires having a Medical Director even if the licensed practitioners of the healing arts (LPHA) can sign the treatment plans, and determine medical necessity. The medical director can continue to function as a LPHA and also engage in other clinical activities.*
	- **Wil there be a training on developing treatment plans?**
	  - *Yes*
	- **What do we do with patients who are always coming back for treatment?**
	  - *If patients continue to return for treatment, the clinicians should work with the patient to determine whether the patient has been receiving services at the appropriate LOC. Case-management services while in treatment, and care coordination services during and after completion of the LOC, will also be important to ensure that high utilizers receive appropriate and sustainable supportive services, and can quickly reengage in treatment services if necessary.*
	- **Will there be a workgroup on co-occurring conditions?**
	  - *Yes, it will be discussed in the care integration workgroup.*
	- **How do we document recovery support services? How do we open closed cases? How do we record on Los Angeles County Participant Reporting System (LACPRS)?**
	  - *SAPC will develop guidelines for recovery support services, including when and how a case should be closed in LACPRS.*
	- **Will there be consent for recovery support services follow-up?**
	  - *Agencies must continue to follow state and federal guidelines on confidentiality when individuals are receiving recovery support services. This will also be further discussed in the upcoming recovery support services workgroup.*

	- **What plans do we have in treating the jail population so they re-integrate to society clear of drugs?** - *SAPC is working closely with county departments to develop and establish SUD in-custody and transitional treatment planning services to support individuals recovery upon returning to their communities. The planning for this type of programming is currently in the initial stages.*
V. Next Steps	Michelle Gibson informed the participants that additional feedback will be accepted through March 18, 2016 online via SAPC's website or email at SUDTransformation@ph.lacounty.gov. Meeting notes will be posted online, SAPC will update the Patient Flow narrative as appropriate.
VI. Other	Christina Morgan from SAPC's Communications Unit announced the upcoming Al-Impics in May 14, 2016 and highlighted the observance of Prescription Drug Awareness Month in March.